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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBEI	R: 124600003		CITY OR TOWN	N STOW	
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME: DOING BUSINESS	STOW FOOD SER	VICES INC.			
ADDRESS 58 RAN	DALL ROAD				
CITY/TOWN: STO)W	STATE: MA	ZIP CODE:	01775	
MANAGER: LAN WAI	IKAU, TYP LTER E.	E OF LICENSE:1	Restaurant (CATEGORY: All Alcohol	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOU	R EMAIL ADDRESS		
	LICENSED PREMIS				
BUILDING WITH I NORTH AND SOU	BASEMENT, FIRST TH COURSES	FLOOR AND SE	COND FLOOR. GR	OUNDS OF THE	
2. the licens	yed license will be of the see has complied with sees are now open for Individual, Partner	all laws of the Co business (If not ex	mmonwealth relating plain below)		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICATION NUMBER: ndividual Social Security Number)	_
Acts of 2004, signe	d by the building ins	pector and the h	ead of the fire depar	ared by Chapter 304 of the timent for the above named ter 116 of the Acts of 2010.	l
Please Check Below:			LOCAL LICEN	ISING AUTHORITY	
APPROVED:			By:		
DISAPPROVED: [(If disapproved expl	ain)				
(11 disappioved expi	α111 <i>)</i>				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124600004	CITY OR TOW	N SIOW
APPLICATION FOR RENEWAL:	Annual LIC	ENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: JOHN W. MELONE		
DOING BUSINESS A STOWAWAY GOLD	FCOURSE	
ADDRESS 121 WHITE POND ROAD		
CITY/TOWN: STOW	STATE: MA ZIP CODE:	01775
MANAGER: TYPE O	OF LICENSE: Restaurant	CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSTI	TE AND ENTER YOUR EMAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES	:	
20' X 40' BUILDING CONSISTING OF ON	E ROOM ON ONE FLOOR.	
I hereby certify and swear under penalties of	perjury that:	
1. the renewed license will be of the	**	
2. the licensee has complied with all		g to taxes; and
3. the premises are now open for bus	iness (If not explain below)	
SIGNED BY:	Androwing d Company Office	
individual, Partner or	Authorized Corporate Officer	
DATE.		
DATE: TELEPHONE N	CWIDER.	YER IDENTIFICATION NUMBER:
DATE: TELEPHONE N	CWIDER.	YER IDENTIFICATION NUMBER: Individual Social Security Number)
DATE: TELEPHONE N We the undersigned, attest that we are in p Acts of 2004, signed by the building inspecticense and (2) the certificate of liquor liab	(Note: <u>NOT</u> possession (1) the certificate requetor and the head of the fire depart	Individual Social Security Number) nired by Chapter 304 of the artment for the above named
We the undersigned, attest that we are in Acts of 2004, signed by the building inspec	(Note: NOT possession (1) the certificate requestor and the head of the fire department in the control of the fire department in the certificate required by Chapter 1 and 1	nired by Chapter 304 of the artment for the above named oter 116 of the Acts of 2010.
We the undersigned, attest that we are in a Acts of 2004, signed by the building inspecticense and (2) the certificate of liquor liab	(Note: NOT possession (1) the certificate requestor and the head of the fire department in the control of the fire department in the certificate required by Chapter 1 and 1	Individual Social Security Number) nired by Chapter 304 of the artment for the above named
We the undersigned, attest that we are in pacts of 2004, signed by the building inspecticense and (2) the certificate of liquor liab Please Check Below: APPROVED: DISAPPROVED:	(Note: NOT possession (1) the certificate required and the head of the fire depaiding insurance required by Chap	nired by Chapter 304 of the artment for the above named oter 116 of the Acts of 2010.
We the undersigned, attest that we are in Acts of 2004, signed by the building inspecticense and (2) the certificate of liquor liab Please Check Below: APPROVED:	(Note: NOT possession (1) the certificate required and the head of the fire depaiding insurance required by Chap	nired by Chapter 304 of the artment for the above named oter 116 of the Acts of 2010.
We the undersigned, attest that we are in pacts of 2004, signed by the building inspecticense and (2) the certificate of liquor liab Please Check Below: APPROVED: DISAPPROVED:	(Note: NOT possession (1) the certificate required and the head of the fire depaiding insurance required by Chap	nired by Chapter 304 of the artment for the above named oter 116 of the Acts of 2010.



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBER: 124600005		CITY OR TOWN STOW				
APPLICATION	FOR RENEWAL:	Annual LICENSED FOR 2			013		
		CLASS			YEAR		
	ME: NICKROSZ SPIR ESS A COLONIAL SPI						
CITY/TOWN:	STOW	STATE: MA	ZIP CODI	E: 01775			
	WILSON, LESLIE TY SCOTT	PE OF LICENSE:Pa	ckage Store	CATEGORY:	All Alcohol		
EMAIL ADDRI	ESS:						
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_		
DESCRIPTION	OF LICENSED PREMI	SES:					
	YING CENTER: ONE CU YERY ENTRANCE AND				IARKET.		
	icensee has complied with bremises are now open for the large state of		ain below)	ing to taxes; and			
	11102 (100011, 2 0120110	1 01 1 14411011111111111111111111111111					
DATE:	TELEPHO	NE NUMBER:		OYER IDENTIFICAT T Individual Social S			
Please Check Below APPROVED: DISAPPROVEI (If disapproved	D:		LOCAL LIC By:	CENSING AUTH	ORITY		
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 124600006	•	CITY OR TOWN	STOW	
APPLICATION F	FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAM	E: KENS LIQUOR SHO	PPE INC			
DOING BUSINE	SS A				
ADDRESS 8 HU	DSON ST				
CITY/TOWN: S	TOW	STATE: MA	ZIP CODE:	01775	
MANAGER: M	ANOSH, LARRY TYPE	OF LICENSE: Pack	tage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:	_			
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION O	OF LICENSED PREMISE	S:			
ONE FLOOR BU AREA.	ILDING WITH DISPLAY	' AND SALESROO	M, STOREROOM	AND COOL	LER
	ensee has complied with al emises are now open for bu Individual, Partner or	ssiness (If not explai	n below)	taxes; and	
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Indi	IDENTIFICAT	
Please Check Below:			LOCAL LICENS	ING AUTHO	RITY
APPROVED: DISAPPROVED:			By:		
(If disapproved ex					
•					
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 124600009		CITY OR TO	OWN STOW	
APPLICATION FO	R RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	: ROBERT PAGE I	II LLC			
DOING BUSINESS	S A BUTTERNUT F	ARM GOLF CLUB			
ADDRESS 115 WI	HEELER RD				
CITY/TOWN: ST	OW	STATE: MA	ZIP COI	DE: 01775	
MANAGER: PAG	GE II, ROBERT TY	PE OF LICENSE:Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
	LICENSED PREMI				
	BHOUSE, LOCATE LOOR FUNCTION	ED ON A GOLF COU	JRSE. FIRST	FLOOR GRILL RO	OOM
					
	ises are now open for	h all laws of the Comp r business (If not expl r or Authorized Corpo	ain below)	ating to taxes; and	
DATE:	TELEPHON	NE NUMBER:		LOYER IDENTIFICAT	
Acts of 2004, signe	ed by the building in	e in possession (1) the spector and the head liability insurance i	d of the fire d	epartment for the	above named
Please Check Below:			LOCAL LI	CENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: (If disapproved exp	Lain)				
	•				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 124600013		CITY O	R TOWN	STOW	
APPLICATIO	N FOR RENEWAL:	Annual		LICEN	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NA	AME: WEDGEWO	OD COUNTRY CLUB O	F STOW,	INC		
DOING BUSIN	NESS A WEDGEW	OOD PINES COUNTRY	CLUB			
ADDRESS 215	5 HARVARD ROAL					
CITY/TOWN:	STOW	STATE: MA	ZIP	CODE:	01775	
MANAGER:	PITTORINO, JOSEPH	TYPE OF LICENSE: CI	ub	C	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:					
		OUR WEBSITE AND ENTER YOUR F	MAIL ADDRE	SS		
	N OF LICENSED PE					
		CTION HALL TO SEAT UNGE, STEAM AND SA			TCHEN, STO	ORAGE
	premises are now op	d with all laws of the Comen for business (If not expanded)	lain below	7)		
DATE:	TELEI	PHONE NUMBER:	(No			TION NUMBER: Security Number)
Acts of 2004,	signed by the buildi	we are in possession (1) thing inspector and the headquor liability insurance	d of the fi	ire depart	tment for the	e above named
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCA By:	L LICEN	SING AUTH	ORITY
DATE:						
D.1111.						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 124600014		CITY OR TOWN	STOW	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: RUSSELL'S C	CONVENIENCE STOR	E INC.		
DOING BUSINESS	A RUSSELL'S	CONVENIENCE STO	RE OF STOW		
ADDRESS 390 GR	EAT ROAD				
CITY/TOWN: STO	OW	STATE: MA	ZIP CODE:	01775	
	LAMONE, SSELL J.	TYPE OF LICENSE: P	Cackage Store Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PR	EMISES:			
40X60 CONCRETE FLOOR LEVEL & 1		S. FRONT DOOR ENTI	RANCE. BACK EXIT	(R) SIDE R	EAR. 1
	ises are now ope	with all laws of the Conn for business (If not ex	plain below)	J taxes, and	
	maividuai, Pa	rtner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:			TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 124600015		CITY OR TOWN STOW			
APPLICATION FOR	R RENEWAL:	Annual	LICEN	LICENSED FOR 2013		
		CLASS		•	YEAR	
LICENSEE NAME: DOING BUSINESS						
ADDRESS 302 BOX	XBORO ROAD					
CITY/TOWN: STC)W	STATE: MA	ZIP CODE:	01775		
	ICY R., MC TYI RSON	PE OF LICENSE:Re	staurant CA	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR E	MAIL ADDRESS			
DESCRIPTION OF						
BUILDING ON ON AND LAWN DININ						
I hereby certify and s	swear under penalties	of perjury that:				
	ved license will be of	• 1				
	ee has complied with		•	taxes; and		
3. the premi	ses are now open for	business (If not expl	ain below)			
SIGNED BY:	Individual, Partner	or Authorized Corpo	orate Officer			
DATE:	TELEPHON	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICATI		
Acts of 2004, signed	d, attest that we are d by the building in certificate of liquor	spector and the head	d of the fire departr	nent for the a	above named	
Please Check Below:			LOCAL LICENS	ING AUTHO	RITY	
APPROVED:			By:			
DISAPPROVED: Land (If disapproved explain)						
(11 disappioved expir	a111 <i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 124	1000010		CITY OR TO	WN SIOW	
APPLICATION FOR RE	NEWAL:	Annual	LI	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: MP	Y RESTAURAN	T, INC			
DOING BUSINESS A R	ED GINGER RES	STAURANT			
ADDRESS 117 GREAT I	RD				
CITY/TOWN: STOW		STATE: MA	ZIP COD	E: 01775	
MANAGER: YANG, Y	I JIN TYPE	OF LICENSE: Re	staurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEAS	E ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICE	ENSED PREMISE	ES:			
FIRST FLOOR CONSIST KITCHEN AREA. ENTR					D
I hereby certify and swear	under penalties o	f perjury that:			
1. the renewed lic	cense will be of th	e same type for the	e same premises	now licensed;	
2. the licensee ha	s complied with a	ll laws of the Com	monwealth relat	ting to taxes; and	
3. the premises ar	re now open for bu	usiness (If not expl	ain below)		
SIGNED BY:					
Ind	lividual, Partner o	r Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICAT	
			(Note: NC	<u>OT</u> Individual Social S	Security Number)
We the undersigned, att	est that we are in	n possession (1) th	e certificate re	equired by Chapt	er 304 of the
Acts of 2004, signed by t					
license and (2) the certif	ncate of inquor na	ability insurance i	required by Cn	iapter 116 of the	Acts of 2010.
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved explain)					
(11 disapproved explain)					
DATE:					